

## **EXHIBIT P**

**DECLARATION OF JOHN ST. CROIX IN SUPPORT OF DEFENDANTS'  
OPPOSITION TO MOTION FOR PRELIMINARY INJUNCTION**

# Recipient Committee Campaign Statement — Long Form (Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

CALIFORNIA  
1996 FORM  
**420**

## SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement ☐ Semi-annual Statement  
☐ Special Odd-year Campaign Report  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.)  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>1/1/00</u> through <u>2/19/00</u>	Date Stamp <b>FILED</b> 00 FEB 25 AM 8:55 SAN FRANCISCO ETHICS COMMISSION
Date of election if applicable: (Month, Day, Year) March 7, 2000	BY _____

Page 1 of 4  
For Official Use Only

## I Committee Information

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund	
ADDRESS OF COMMITTEE (NO. AND STREET) 235 Montgomery Street, Suite 1018 CITY San Francisco STATE CA ZIP CODE 94104	LD. NUMBER 990831 AREA CODE/DAYTIME PHONE (415) 956-9966
NAME OF TREASURER Mark Mosher	
PERMANENT ADDRESS OF TREASURER (NO. AND STREET) 235 Montgomery Street, Suite 1018 CITY San Francisco STATE CA ZIP CODE 94104	AREA CODE/DAYTIME PHONE (415) 956-9966

(Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee? ..... ☒ Yes ☐ No  
 Is this a broad based political committee? ..... ☐ Yes ☒ No

## III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>2-24-00</u> DATE	At <u>San Francisco, CA</u> CITY AND STATE
Executed on <u>2-24-00</u> DATE	At <u>San Francisco, CA</u> CITY AND STATE

By Mark Mosher SIGNATURE OF TREASURER  
 By Executive Director SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED

## II Primarily Formed Committee (See definition on reverse.) List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF CANDIDATE(S) OR OFFICEHOLDER(S)	OFFICE SOUGHT OR HELD	CHECK ONE SUPPORT OPPOSE
N/A		

Attach additional information on appropriately labeled continuation sheets.

# Recipient Committee Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period

from 1/1/00

through 2/19/00

CALIFORNIA 420  
1994 FORM

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

I.D. NUMBER

990831

## Contributions Received

### Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

### Column B\* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)

### Column C TOTAL TO DATE (ADD COLUMNS A + B)

1. Monetary Contributions	Schedule A, Line 3	\$ -0-	\$ -0-	\$ -0-
2. Loans Received	Schedule B, Line 7	\$ -0-	\$ -0-	\$ -0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -0-	\$ -0-	\$ -0-
4. Non-monetary Contributions	Schedule C, Line 3	\$ -0-	\$ -0-	\$ -0-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ -0-	\$ -0-	\$ -0-
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ -0-	\$ -0-	\$ -0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ -0-	\$ -0-	\$ -0-

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 21,000.00	\$ -0-	\$ 21,000.00
9. Loans Made	Schedule H, Line 7	\$ -0-	\$ -0-	\$ -0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 21,000.00	\$ -0-	\$ 21,000.00
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ -0-	2,051.25	2,051.25
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 21,000.00	\$ -0-	\$ 21,000.00

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 29,895.44		
14. Cash Receipts	Column A, Line 3 above	\$ -0-		
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ -0-		
16. Cash Payments	Column A, Line 10 above	\$ 21,000.00		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 8,895.44		

If this is a termination statement, Line 17 must be zero.

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ -0-	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts				
19. Cash Equivalents	See instructions on reverse	\$ -0-	21. Contributions Received	\$ N/A
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 2,051.25	22. Expenditures Made	\$ N/A

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

21. Contributions Received	\$ N/A	7/1 to Date	N/A
22. Expenditures Made	\$ N/A		N/A

**Type or print in ink.  
Amounts may be rounded  
to whole dollars.**

ALLOCATION PAGE

Statement covers period:

**Amounts may be rounded to whole dollars.**

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

List contributions and independent expenditures that total \$100 or more made to support or oppose officeholders, candidates, ballot measures, or committees.

DATE	NAME OF OFFICEHOLDER OR CANDIDATE AND OFFICE, OR NAME OF MEASURE AND BALLOT NUMBER OR LETTER, OR NAME OF COMMITTEE IF OTHER THAN OFFICEHOLDER, CANDIDATE, OR MEASURE COMMITTEE	CHECK ONE SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	IND. EXP.*	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/14/00	San Franciscans for Sensible Government Political Action Committee			\$21,000.00	\$21,000.00	
				<b>SUBTOTAL</b>	<b>\$ 21,000.00</b>	

\*See reverse regarding independent expenditures.

<sup>a</sup>See reverse regarding independent expenditures.

## Allocation Summary

**Attach additional information on appropriately labeled continuation sheets.**

- |  |                           |
|--|---------------------------|
| 1. Contributions and independent expenditures of \$100 or more made this period.<br>(Include all Allocation Page subtotals.) | \$ 21,000.00              |
| 2. Contributions and independent expenditures under \$100 made this period.<br>(Do not itemize.)                             | \$ -0-                    |
| 3. Total contributions and independent expenditures made this period.<br>(Do not carry this to the Summary Page.)            | <b>TOTAL \$ 21,000.00</b> |

Schedule E  
Payments and Contributions  
(Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period  
from 1/1/00  
through 2/19/00

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CALIFORNIA  
1994 FORM 420

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Committee on JOBS Candidate Advocacy Fund

I.D. NUMBER

990831

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES  
"I" - INDEPENDENT EXPENDITURES  
"L" - LITERATURE  
"B" - BROADCAST ADVERTISING  
"N" - NEWSPAPER AND PERIODICAL ADVERTISING  
"O" - OUTSIDE ADVERTISING  
"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS  
"F" - FUNDRAISING EVENTS  
"G" - GENERAL OPERATIONS AND OVERHEAD  
"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)  
"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION  
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

San Franciscans for Sensible Government Political  
Action Committee  
550 Kearny Street, Suite 1010  
San Francisco, CA 94108  
I.D. # 983233

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E.  
REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C			\$21,000.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page.

SUBTOTAL \$ 21,000.00

Payments and Contributions Made Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 21,000.00
- Payments made this period of under \$100. (Do not itemize.) -0-
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) -0-
- Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) -0-
- Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$ 21,000.00



# Amendment to Campaign Disclosure Statement ORIGINAL

Type or print in ink

Date Stamp  
FILED

OCT 16 PM 4:09

SAN FRANCISCO  
ETHICS COMMISSION

For Official Use Only

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See Important Information on reverse.)

NAME OF FILER	ID. NUMBER (IF APPLICABLE)
Committee on JOBS Candidate Advocacy Fund	990831
MAILING ADDRESS OF FILER (NO. AND STREET)	
235 Montgomery Street, Suite 1018	
CITY	STATE
San Francisco	CA
AREA CODE/DAYTIME PHONE NUMBER	ZIP CODE
(415) 956-9966	94104
NAME OF TREASURER IF RECIPIENT COMMITTEE	
Nathan Nayman	
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)	
235 Montgomery Street, Suite 1018	
CITY	STATE
San Francisco	CA
AREA CODE/DAYTIME PHONE NUMBER	ZIP CODE
(415) 956-9966	94104

## II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 420.

executed on 2/24/00 for the period 1/1/00 through 2/19/00  
(MO, DAY, YR) (MO, DAY, YR)

B. The amended information affects items on the:

- ☐ Cover Page ☐ Allocation Page ☒ Summary Page
- ☐ Schedule(s) ☐ Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 0)

1. Change Column B, Line 12, from zero to \$2,051.25.
2. Change Column C, Line 12, from \$21,000 to \$23,051.25.

## III Verification (See Important Information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>10-10-00</u>	At <u>San Francisco, CA</u>	DATE	CITY AND STATE
Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Executed on <u>10-10-00</u>	At <u>San Francisco, CA</u>	DATE	CITY AND STATE
Executed on _____	At _____	DATE	CITY AND STATE
Executed on _____	At _____	DATE	CITY AND STATE

By Nathan Nayman  
SIGNATURE OF TREASURER OR FILER

By Nathan Nayman  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROponent, OR RESPONSIBLE OFFICER

By Nathan Nayman  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROponent

By Nathan Nayman  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROponent

By Nathan Nayman  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROponent

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

(ENTERED)

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

ORIGINAL

Type or print in ink.

FILED

Date Stamp

00 JUL 31 PM 1:49

Date of election if applicable: JUNE 11, 2008  
(Month, Day, Year) JEFFREY S. COMMISSION

Statement covers period

from 02/20/00

through 06/30/00

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
- ☐ Controlled
- ☐ Sponsored  
(Also Complete Part 5.)
- ☐ Primarily Formed Officeholder Committee  
(Also Complete Part 6.)
- ☒ General Purpose Committee
- ☒ Sponsored
- ☐ Broad Based

## 2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME

I.D. NUMBER

990831

Committee on Jobs Candidate  
Advocacy Fund

STREET ADDRESS (NO P.O. BOX)

235 Montgomery Street, Ste 1018

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94104 415/956-9966

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Chris Wright

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

235 Montgomery St., Ste1018

San Francisco, CA 94104 415/956-9966

OPTIONAL: FAX/E-MAIL ADDRESS

nnayman@sfjobs.org

OPTIONAL: FAX/E-MAIL ADDRESS

fax 415/956-9989

## Treasurer(s)

NAME OF TREASURER

Nathan Nayman

MAILING ADDRESS

235 Montgomery St., Ste1018

CITY San Francisco, CA STATE ZIP CODE 94104 AREA CODE/PHONE 415/956-9966

NAME OF ASSISTANT TREASURER, IF ANY

Chris Wright

MAILING ADDRESS

235 Montgomery St., Ste1018

San Francisco, CA 94104 415/956-9966

OPTIONAL: FAX/E-MAIL ADDRESS

fax 415/956-9989

COVER PAGE

CALIFORNIA 460  
FORM

Page 1 of 9

For Official Use Only

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 9

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# Recipient Committee Campaign Statement Cover Page — Part 2

## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 5. Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

## 6. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

## 7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/28/00 DATE  
 Executed on 7/28/00 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By Nathan Mayman SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period

from 2/20/00

through 6/30/00

CALIFORNIA 460  
FORM

Page 3 of 9

I.D. NUMBER

990831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

## Committee on Jobs Candidate Advocacy Fund

### Column A

TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

### Column B\*

TOTAL PREVIOUS PERIOD  
(SEE NOTE BELOW)

### Column C

TOTAL TO DATE  
(COLUMNS A + B)

### Contributions Received

1. Monetary Contributions .....	Schedule A, Line 3	\$ 70,000	\$ -0-	\$ 70,000
2. Loans Received .....	Schedule B, Line 7	-0-	-0-	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 70,000	-0-	\$ 70,000
4. Nonmonetary Contributions .....	Schedule C, Line 3	-0-	-0-	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 70,000	-0-	\$ 70,000

### Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 66,625.00	\$ 21,000.00	\$ 87,625
7. Loans Made .....	Schedule H, Line 7	-0-	-0-	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 66,625.00	\$ 21,000.00	\$ 87,625
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	7,587.20	2,051.25	9,638.45
10. Nonmonetary Adjustment .....	Schedule G, Line 3	0	0	0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 74,212.20	\$ 21,000	\$ 95,212.20

### Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 8,895.44
13. Cash Receipts .....	Column A, Line 3 above	70,000
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	-0-
15. Cash Payments .....	Column A, Line 8 above	66,625.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,270.44

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 1, Column (b)	\$ -0-
------------------------------------	--------------------------------	--------

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See Instructions on reverse	\$ -0-
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above	\$ 9,638.45

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

### Summary for Candidates in Both June and November Elections

20. Contributions Received .....	1/1 through 6/30	N/A	7/1 to Date	N/A
21. Expenditures Made .....	N/A	N/A	N/A	N/A

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA 460  
FORM**

Statement covers period

from 2/20/00through 6/30/00Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

990831

## Committee On Jobs Candidate Advocacy Fund

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	Following ten contributions made by affiliated entities through intermediary Shorenstein Company, L.P., 555 California Street, San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
2/29/00	1.* 333 Market Street Associates 333 Market St. San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 2,000	\$20,000 **	
2/29/00	2.* One California St. partners One California Street San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 2,000	\$20,000 **	
2/29/00	3.* Russ. Building 235 Montgomery Street San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 2,000	\$20,000 **	
<b>SUBTOTAL \$ 6,000.00</b>						

## Schedule A Summary

\*\*Aggregated amount by all affiliated entities

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$ 70,000

2. Amount received this period - unitemized contributions of less than \$100 ..... \$ -0-

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 70,000

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

\*Contribution made through intermediary Committee On Jobs, 235 Montgomery st, Ste1018

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>2/20/00</u> through <u>06/30/00</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>5</u> of <u>9</u>
		I.D. NUMBER <b>990831</b>

NAME OF FILER

## Committee on Jobs Candidate Advocacy Fund

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/29/00	4* One Metropolitan Plaza 425 Market St. San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 2,000	\$20,000**	
2/29/00	5* Hills Plaza 345 Spear Street San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 2,000	\$20,000**	
2/29/00	6.* 555 California Street Partners 555 California Street San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000	\$20,000**	
2/29/00	7*50 Fremont Associates 50 Fremont Street San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000	\$20,000**	
2/29/00	8* 50 California Street Associates 50 California St. San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000	\$20,000**	
2/29/00	9* 123 Mission Associates 123 Mission St. San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000	\$20,000**	
SUBTOTAL \$ 12,000.00						

\*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

\*\*Aggregated amount by all affiliated entities

\*Contributions made through intermediary Committee  
on Jobs, 235 Montgomery St, Ste 1018 SF, CA 94104

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

NAME OF FILER		Committee on Jobs Candidate Advocacy Fund				Statement covers period from <u>02/20/00</u> through <u>06/30/00</u>		CALIFORNIA 460 FORM		Page <u>6</u> of <u>9</u>		I.D. NUMBER 990831	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)							
2/29/00	10* 45 Fremont Associates 45 Fremont Street San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000	\$20,000**								
2/29/00	F. Warren Hellman One Maritime Plaza, Suite 1200 San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Chairman, Hellman & Friedman, LLC	\$20,000	\$20,000								
3/01/00	Donald G. Fisher & Doris F. Fisher Community Property c/o Picies One Maritime Plaza, Ste 1300 San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Donald Fisher, Chairman, GAP, Inc. Doris Fisher Merch. Consultant, Gap, Inc.	\$20,000	\$20,000								
3/15/00	Wells Fargo & Company Special Account 420 Montgomery Street San Francisco, CA 94163	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$10,000	\$10,000								
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH											
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH											
				SUBTOTAL \$ 52,000.00									

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

\*\* Aggregated amount by all affiliated entities

\*Contribution made through intermediary Committee on Job

235 Montgomery St., Ste 1018 SF, CA 94104

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660



SCHEDULE D

**Schedule D****Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**Type or print in ink.  
Amounts may be rounded  
to whole dollars.**CALIFORNIA 460  
FORM**

Statement covers period

from 02/20/00

Page 7 of 9

I.D. NUMBER

990831

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**Committee on Jobs Candidate Advocacy Fund**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
03/01/00	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.	Calendar Year \$71,000. Other \$
03/07/00	San Franciscans for Sensible Government Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$16,500.	Calendar Year \$87,500. Other \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
<b>SUBTOTAL \$ 66,500.00</b>					

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$66,500.00

\$-0-

2. Unitemized contributions and independent expenditures made this period of under \$100 ..... TOTAL \$ 66,500.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

# **Schedule E Payments Made**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee on Jobs Candidate Advocacy Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL tv, or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Edward Harnett 1968 Gouldin Rd. Oakland, CA 94611	PRO		\$125.00
San Franciscans for Sensible Government Political Action Committee One Post Street, Suite 3300 San Francisco, CA 94104 ID# 983233	CTB		\$50,000 \$16,500
SUBTOTAL \$ 66,625.00			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## **Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 66,625.00

2. Unitemized payments made this period of under \$100 ..... \$ -0-

3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 66,625.00

SCHEDULE F

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

# **Schedule F** **Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee on Jobs Candidate Advocacy Fund

Statement covers period from <u>02/20/00</u> through <u>06/30/00</u>	<b>CALIFORNIA 460 FORM</b>
	Page <u>9</u> of <u>9</u>
	I.D. NUMBER <b>990831</b>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL tv or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Committee on Jobs 235 Montgomery St., Ste1018 San Francisco, CA 94104	salaries for accounting and general services	\$1,670.00	\$975.00	-0-	\$2,645.00
Pillsbury, Madison & Sutro LLP 50 Fremont Street San Francisco, CA 94104	PRO	\$381.25	\$6,612.20	-0-	\$6,993.45
<b>SUBTOTALS \$ 2,051.25 \$ 7,587.20 \$ -0- \$ 9,638.45</b>					

## **Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

INCURRED TOTALS \$ 7,587.20

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)

PAID TOTALS \$ -0-

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 7,587.20  
May be a negative number

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Recipient Committee  
Campaign Statement  
(Government Code Sections 84200-84216.5)

ORIGINAL

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 2

For Official Use Only

Date Stamp

FILED

OCT 16 PM 4:08

SAN FRANCISCO  
ETHICS COMMISSION

Statement covers period

from 2/20/00

through 6/30/00

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☒ General Purpose Committee
- ☒ Sponsored  
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☒ Amendment (Explain below)

Summary Page only:

1. Change Column B, Line 11, from \$21,000 to \$23,051.20.
2. Change Column C, Line 11, from \$95,212.20 to \$97,263.45.

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election  
Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME

Committee on JOBS Candidate Advocacy Fund

STREET ADDRESS (NO P.O. BOX)

235 Montgomery Street, Suite 1018

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco CA 94104 (415) 983-9966

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

235 Montgomery Street, Suite 1018

OPTIONAL: FAX / E-MAIL ADDRESS

nmayman@sfjobs.org

Treasurer(s)

NAME OF TREASURER

Nathan Nayman

MAILING ADDRESS

235 Montgomery Street, Suite 1018

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94104

NAME OF ASSISTANT TREASURER, IF ANY

Chris Wright

MAILING ADDRESS

235 Montgomery Street, Suite 1018

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94104

OPTIONAL: FAX / E-MAIL ADDRESS

(415) 956-9989





Type or print in ink.

COVER PAGE - PART 2

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA 460 FORM	
Page 2	of 2

Case 3:07-cv-03199-JSW Document 21-18 Filed 08/27/2009 Page 17 of 56

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	10.10.00	DATE
Executed on	10.10.00	DATE
Executed on		DATE
Executed on		DATE

Attach continuation sheets if necessary

By Nathan Nayman	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Nathan Nayman	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
By Nathan Nayman	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

ORIGINAL

COVER PAGE

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Date Stamp  
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CALIFORNIA 460  
FORM

SAN FRANCISCO 1 of 13  
ETHICS COMMISSION

For Official Use Only

BY \_\_\_\_\_

Type or print in ink.

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Statement covers period  
from 07.01.00  
through 09.30.00

Date of election if applicable:  
(Month, Day, Year)  
11.07.00

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☒ General Purpose Committee
- ☒ Sponsored  
☐ Broad Based

## 2. Type of Statement:

- ☒ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME

Committee on Jobs Candidate Advocacy Fund

I.D. NUMBER

990831

## Treasurer(s)

NAME OF TREASURER

Nathan Nayman

MAILING ADDRESS

235 Montgomery St Suite 1018

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco CA 94104 415.956.9966

NAME OF ASSISTANT TREASURER, IF ANY

Chris Wright

MAILING ADDRESS

235 Montgomery St Suite 1018

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco CA 94104 415.956.9966

OPTIONAL: FAX/E-MAIL ADDRESS

415.956.9989

OPTIONAL: FAX/E-MAIL ADDRESS

nnayman@sfjobs.org



FPPC Form 460 (8/99)

For Technical Assistance: 916/322-3663

State of California

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 13

## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 5. Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_ ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

## 6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

## 7. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10.05.00

DATE

Executed on 10.05.00

DATE

Executed on \_\_\_\_\_

DATE

Executed on \_\_\_\_\_

DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  SIGNATURE OF OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>	<b>CALIFORNIA 460 FORM</b>
NAME OF FILER Committee on Jobs Candidate Advocacy Fund	Page <u>3</u> of <u>13</u>	
	I.D. NUMBER 990831	

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ 410,000.00	\$ 70,000.00	\$ 480,000.00
2. Loans Received ..... Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 410,000.00	\$ 70,000.00	\$ 480,000.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	-0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 410,000.00	\$ 70,000.00	\$ 480,000.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 287,328.30	\$ 87,625.00	\$ 374,953.30
7. Loans Made ..... Schedule H, Line 7	-0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 287,328.30	\$ 87,625.00	\$ 374,953.30
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	(5,481.45)	9,638.45	4,157.00
10. Nonmonetary Adjustment ..... Schedule G, Line 3	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 281,846.85	\$ 97,263.45	\$ 379,110.30

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 12,270.44
13. Cash Receipts ..... Column A, Line 3 above	410,000.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	-0-
15. Cash Payments ..... Column A, Line 8 above	287,328.30
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 134,942.14

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ -0-	1/1 through 6/30	7/1 to Date
		Received	N/A

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ -0-
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 4,157.00

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

20. Contributions Received	\$ N/A	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ N/A		



**Schedule A****Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>	<b>CALIFORNIA 460 FORM</b>
Page <u>4</u> of <u>13</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

**Committee on Jobs Candidate Advocacy Fund**

990831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08.17	DDF Y2K Family Trust One Maritime Plaza Suite 1400 San Francisco CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Donald Fisher, Chairman, Gap Inc.; Doris Fisher, Merch. Consult., Gap Inc.	\$50,000	\$70,000	
08.17	Arthur Andersen, LLP 101 Second St, Suite 1100 San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$15,000	\$15,000	
09.13	Charles Schwab PO Box 192861 San Francisco CA 94119-2861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Chairman & Co- Executive Officer Charles Schwab Corporation	\$50,000	\$50,000	
09.08	American Industrial Partners One Maritime Plaza 25th Floor San Francisco CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$10,000	\$10,000	
09.25	Basic American Food 2999 Oak Road Walnut Creek CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$15,000	\$15,000	
<b>SUBTOTAL \$ 140,000</b>						

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 410,000
- Amount received this period - unitemized contributions of less than \$100 ..... \$ -0-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 410,000

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# **Schedule A (Continuation Sheet)** **Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>		<b>CALIFORNIA 460 FORM</b>
Page <u>5</u> of <u>13</u>		
I.D. NUMBER <b>990831</b>		

NAME OF FILER Committee on Jobs Candidate Advocacy Fund						
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
07.31	Gap Inc. One Harrison St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$50,000	\$50,000	
08.07	Bechtel Corporation PO Box 193965 San Francisco CA 94119-3965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$10,000	\$10,000	
08.08	F. Warren Hellman One Maritime Plaza Ste 1200 San Francisco CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Chairman Hellman & Friedman, LLC	\$50,000	\$70,000	
08.10	ABM Industries Incorporated Box 193224 San Francisco CA 94119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$10,000	\$10,000	
08.10	Wells Fargo and Company Special Account 420 Montgomery St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$50,000	\$60,000	
08.11	Chevron Corporation PO Box 9034 Concord CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$50,000	\$50,000	
SUBTOTAL \$220,000						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

# **Schedule A (Continuation Sheet)** **Monetary Contributions Received**

SCHEDULE A (CONT.)

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from 07.01.00  
 through 09.30.00

Page 6 of 13

CALIFORNIA  
 FORM **460**

I.D. NUMBER  
990831

NAME OF FILER	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Committee on Jobs Candidate Advocacy Fund							
		Following ten contributions made by affiliated entities through intermediary Shorenstein Realty Services, L.P., 555 California St, San Francisco 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
09.25		50 California St Associates 50 California St San Francisco CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25		50 Fremont Center 50 Fremont St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25		45 Fremont Associates 45 Fremont St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25		Bank of America Headquarters 555 California St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25		Hills Plaza 345 Spear St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
SUBTOTAL \$ 25,000							

\* Aggregated amount by all affiliated entities

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

# **Schedule A (Continuation Sheet)** **Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <b>07.01.00</b> through <b>09.30.00</b>	<b>CALIFORNIA 460</b> <b>FORM</b>
Page <b>7</b> of <b>13</b>	
I.D. NUMBER <b>990831</b>	

NAME OF FILER

## **Committee on Jobs Candidate Advocacy Fund**

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09.25	One Metropolitan Plaza 425 Market St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25	Russ Building 235 Montgomery St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25	333 Market Street Associates 333 Market St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25	123 Mission Street 123 Mission St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
09.25	One California Street Partners 555 California St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$70,000*	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
				SUBTOTAL \$ 25,000		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

\* Aggregated amount by all affiliated entities



**Schedule D****Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

**CALIFORNIA 460  
FORM**

Statement covers period

from 07.01.00

through 09.30.00

Page 8 of 13

I.D. NUMBER

990831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee on Jobs Candidate Advocacy Fund**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TOTAL TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
08.25	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$30,000	Calendar Year \$ 117,500 Other \$
09.13	Golden Gate Restaurant Association Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$ 2,500	Calendar Year \$ 2,500 Other \$
09.14	Willie Brown Leadership Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$30,000	Calendar Year \$ 30,000 Other \$
<b>SUBTOTAL \$ 62,500</b>					

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 267,500
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 267,500

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>		<b>CALIFORNIA 460</b> <b>FORM</b>
Page <u>9</u> of <u>13</u>		

NAME OF FILER

I.D. NUMBER

**Committee on Jobs Candidate Advocacy Fund**

**990831**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
09.14	Alice B. Toklas Independent Expenditure Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$ 35,000	Calendar Year \$ 35,000 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09.14	San Franciscans for Sensible Government Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$ 20,000	Calendar Year \$ 137,500 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09.26	Alice B. Toklas Independent Expenditure Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$ 25,000	Calendar Year \$ 60,000 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09.26	San Franciscans for Sensible Government Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$100,000	Calendar Year \$ 237,500 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
<b>SUBTOTAL \$</b>				<b>180,000</b>	

## Schedule D

## (Continuation Sheet)

Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and CommitteesType or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>		CALIFORNIA FORM 460
Page <u>10</u> of <u>13</u>		

NAME OF FILER

I.D. NUMBER

## Committee on Jobs Candidate Advocacy Fund

990831

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
09.26	Willie Brown Leadership Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000	Calendar Year \$ 55,000 Other
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				\$
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			\$
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			\$
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			Calendar Year \$ Other
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			\$
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			\$
SUBTOTAL \$25,000					

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>		CALIFORNIA <b>460</b> FORM
Page <u>11</u> of <u>13</u>		
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER <b>990831</b>

NAME OF FILER  
**Committee on Jobs Candidate Advocacy Fund**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CTB contribution (explain nonmonetary)*	PET petition circulating	SAL campaign workers salaries
CVC civic donations	PHO phone banks	TEL t.v. or cable airtime and production costs
FND fundraising events	POL polling and survey/research	TRC candidate travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
LIT campaign literature and mailings	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
MTG meetings and appearances	PRT print ads	VOT voter registration
	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Barnes Mosher Whitehurst and Partners 10 United Nations Plaza Suite 420 San Francisco CA 94102	PRO		\$ 8,750.00
San Franciscans for Sensible Government Political Action Committee ID# 983233 One Post St Suite 3300 San Francisco CA 94104	CTB		\$ 30,000.00 \$ 20,000.00 \$100,000.00
Pillsbury Madison & Sutro LLP 50 Fremont St 6th Floor San Francisco CA 94105	PRO		\$ 11,078.30
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 169,828.30

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 287,328.30
2. Unitemized payments made this period of under \$100	\$ -0-
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 287,328.30



# **Schedule E** **(Continuation Sheet)** **Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07.01.00</u> through <u>09.30.00</u>		CALIFORNIA FORM <b>460</b>	Page <u>12</u> of <u>13</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER <b>Committee on Jobs Candidate Advocacy Fund</b>			I.D. NUMBER <b>990831</b>

Committee on Jobs Candidate Advocacy Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Golden Gate Restaurant Association Political Action Committee ID# 932123 San Francisco CA 94102	CTB		\$ 2,500
Willie Brown Leadership Political Action Committee ID# 992133 2 Embarcadero Center 2nd Floor San Francisco CA 94111	CTB		\$ 30,000 \$ 25,000
Alice B. Toklas Independent Expenditure Political Action Committee PO Box 422698 San Francisco CA 94142 ID# 992226	CTB		\$ 35,000 \$ 25,000
SUBTOTAL \$ 117,500			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULE F

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07.01.00</u>		CALIFORNIA FORM <b>460</b>
through <u>09.30.00</u>		
Page <u>13</u> of <u>13</u>		

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

## Committee on Jobs Candidate Advocacy Fund

I.D. NUMBER  
990831

**CODES:** if one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Committee on Jobs 235 Montgomery St Suite 1018 San Francisco CA 94104	salaries for accounting & general services	\$2,645.00	\$ 937.00	-0-	\$3,582.00
Pillsbury Madison & Sutro LLP 50 Fremont Street 6th Floor San Francisco CA 94104	PRO	\$6,993.45	\$ 575.00	\$6,993.45	\$ 575.00
<b>SUBTOTALS \$</b>		<b>9,638.45</b>	<b>\$ 1,512.00</b>	<b>\$ 6,993.45</b>	<b>\$ 4,157.00</b>

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 1,512.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 6,993.45**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ (5,481.45)**  
May be a negative number

ORIGINAL

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE		FILED Date Stamp 00 OCT 26 PM 4:4 SAN FRANCISCO ETHICS COMMISSION		COVER PAGE CALIFORNIA FORM 460 Page 1 of 8 For Official Use Only
Statement covers period from 10.01.00 through 10.21.00		Date of election if applicable: (Month, Day, Year) 11.07.00 3Y		

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*  
☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
*(Also Complete Part 5.)*
- ☐ Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*  
☒ General Purpose Committee  
☒ Sponsored  
☐ Broad Based

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME

I.D. NUMBER  
990831

Committee on Jobs Candidate Advocacy Fund

## Treasurer(s)

NAME OF TREASURER

Nathan Nayman

MAILING ADDRESS

235 Montgomery St Suite 1018

 CITY STATE ZIP CODE AREA CODE/PHONE  
 San Francisco CA 94104 415.956.9966

NAME OF ASSISTANT TREASURER, IF ANY

Chris Wright

MAILING ADDRESS

235 Montgomery St Suite 1018

 CITY STATE ZIP CODE AREA CODE/PHONE  
 San Francisco CA 94104 415.956.9966

OPTIONAL: FAX/E-MAIL ADDRESS

nnayman@sfjobs.org

415.956.9989

ENTERED

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 8

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

NAME OF TREASURER \_\_\_\_\_

CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS \_\_\_\_\_ STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

**5. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_

DISTRICT NO. IF ANY \_\_\_\_\_

**6. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

**7. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10.26.00  
DATE

Executed on 10.26.00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>10.01.00</u> through <u>10.21.00</u>	<b>CALIFORNIA 460 FORM</b>
NAME OF FILER	Page <u>3</u> of <u>8</u>	
Committee on Jobs Candidate Advocacy Fund		I.D. NUMBER <u>990831</u>

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ 80,000.00	\$ 480,000.00	\$ 560,000.00
2. Loans Received ..... Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 80,000.00	\$ 480,000.00	\$ 560,000.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	-0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 80,000.00	\$ 480,000.00	\$ 560,000.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 60,000.00	\$ 374,953.30	\$ 434,953.30
7. Loans Made ..... Schedule H, Line 7	-0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 60,000.00	\$ 374,953.30	\$ 434,953.30
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	4,549.20	4,147.00	8,706.20
10. Nonmonetary Adjustment ..... Schedule C, Line 3	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 64,549.20	\$ 379,110.30	\$ 443,659.50

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 134,942.14
13. Cash Receipts ..... Column A, Line 3 above	80,000.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	-0-
15. Cash Payments ..... Column A, Line 6 above	60,000.00
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 154,942.14

If this is a termination statement, Line 16 must be zero.

\*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received ..... \$	\$	N/A
21. Expenditures Made ..... \$	\$	N/A

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ -0-
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 8,706.20

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10.01.00</u> through <u>10.21.00</u>	<b>CALIFORNIA 460 FORM</b>
Page <u>4</u> of <u>8</u>	I.D. NUMBER <b>990831</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

## Committee on Jobs Candidate Advocacy Fund

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10.04	Bank of America Corporate Campaign Fund 600 Peachtree St Ste 1500 Atlanta GA 30308-3615	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 15,000	\$ 25,000	
10.04	Bank of America California Political Action Committee 600 Peachtree St Ste 1500 Atlanta GA 30308 ID# 990697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$ 10,000	\$ 25,000	
10.05	Blue Shield of California 50 Beale St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 10,000	\$ 10,000	
10.11	Providian Bancorp Services PO Box 191847 San Francisco CA 94119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 25,000	\$ 25,000	
10.20	Organic Inc. 510 Third St San Francisco CA 94107-6888	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 15,000	\$ 15,000	
<b>SUBTOTAL \$</b>				<b>75,000</b>		

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 80,000
- Amount received this period - unitemized contributions of less than \$100 ..... \$ -0-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 80,000

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10.01.00</u> through <u>10.21.00</u>	
CALIFORNIA FORM <b>460</b>	Page <u>5</u> of <u>8</u>

NAME OF FILER  
**Committee on Jobs Candidate Advocacy Fund**  
I.D. NUMBER  
**990831**

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10.20	Pillsbury Madison & Sutro LLP PO Box 7880 San Francisco CA 94120-7880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$ 5,000	\$ 5,000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
<b>SUBTOTAL \$</b>				<b>5,000</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

**Schedule D****Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 10.01.00

through 10.21.00

**CALIFORNIA**  
**FORM 460**

Page 6 of 8

I.D. NUMBER

990831

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**Committee on Jobs Candidate Advocacy Fund**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
10.20	San Franciscans for Sensible Government Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$ 60,000	Calendar Year \$ 297,500 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
<b>SUBTOTAL \$</b>				<b>60,000</b>	

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 60,000
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 60,000**



# Schedule E Payments Made

SCHEDULE E

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10.01.00</u>		CALIFORNIA FORM <b>460</b>
through <u>10.21.00</u>		
Page <u>7</u> of <u>8</u>		I.D. NUMBER <b>990831</b>
SEE INSTRUCTIONS ON REVERSE		

NAME OF FILER

Committee on Jobs Candidate Advoacy Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airborne and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

San Franciscans for Sensible Government  
Political Action Committee ID# 983233  
One Post St Ste 3300  
San Francisco CA 94104

AMOUNT PAID

\$60,000

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 60,000

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 60,000

2. Unitemized payments made this period of under \$100 ..... \$ -0-

3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 60,000**

**Schedule F****Accrued Expenses (Unpaid Bills)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10.01.00</u> through <u>10.21.00</u>		<b>CALIFORNIA 460</b> <b>FORM</b>
Page <u>8</u> of <u>8</u>		
I.D. NUMBER <b>990831</b>		

**Committee on Jobs Candidate Advocacy Fund****CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Committee on Jobs 235 Montgomery St Ste 1018 San Francisco CA 94104	salaries for accounting & general services	\$ 3,582.00	\$ 469.00	-0-	\$ 4051.00
Pillsbury Madison & Sutro LLP 50 Fremont St 6th Flr San Francisco CA 94105	PRO	\$ 575.00	\$ 4,080.20	-0-	\$ 4655.20
<b>SUBTOTALS \$ 4157.00 \$ 4549.20 \$ -0- \$ 8706.20</b>					

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 4549.20**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ -0-**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 4549.20**

May be a negative number

**ORIGINAL**

FILED

COVER PAGE

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from <u>10.22.00</u> through <u>11.25.00</u>		Date of election if applicable: (Month, Day, Year) <u>12.12.00</u> A.Y.	Date Stamp <b>NOV 30 PM 3:56</b> SAN FRANCISCO ETHICS COMMISSION	<b>CALIFORNIA 460</b> FORM	Page <u>1</u> of <u>9</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*  
☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
☐ Broad Based  
*(Also Complete Part 5.)*
- ☐ Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*  
☒ General Purpose Committee  
☒ Sponsored  
☐ Broad Based

**2. Type of Statement:**

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME

**Committee on Jobs Candidate Advocacy Fund**I.D. NUMBER  
**990831****Treasurer(s)**

NAME OF TREASURER

**Nathan Nayman**

MAILING ADDRESS

**235 Montgomery St Suite 1018**

STREET ADDRESS (NO P.O. BOX)

**235 Montgomery St Suite 1018**

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**San Francisco CA 94104 415.956.9966**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**San Francisco CA 94104 415.956.9966**

OPTIONAL: FAX / E-MAIL ADDRESS

**nnayman@sfjobs.org**

OPTIONAL: FAX / E-MAIL ADDRESS

**415.956.9989**

COVER PAGE - PART 2

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA <b>460</b> FORM	
Page <u>2</u> of <u>9</u>	

## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 5. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

## 7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11.30.00  
DATE

Executed on 11.30.00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10.22.00  
through 11.25.00

**CALIFORNIA FORM 460**

Page 3 of 9

I.D. NUMBER

Committee on Jobs Candidate Advocacy Fund

990831

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B\*  
TOTAL PREVIOUS PERIOD  
(SEE NOTE BELOW)

Column C  
TOTAL TO DATE  
(COLUMNS A + B)

1. Monetary Contributions .....	Schedule A, Line 3	\$ 150,000.00	\$ 560,000.00	\$ 710,000.00
2. Loans Received .....	Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 150,000.00	\$ 560,000.00	\$ 710,000.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	-0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 150,000.00	\$ 560,000.00	\$ 710,000.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 250,018.00	\$ 434,953.30	\$ 684,971.30
7. Loans Made .....	Schedule H, Line 7	-0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 250,018.00	\$ 434,953.30	\$ 684,971.30
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	2,751.10	8,706.20	11,457.30
10. Nonmonetary Adjustment .....	Schedule C, Line 3	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 252,769.10	\$ 443,659.50	\$ 696,428.60

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 154,942.14
13. Cash Receipts .....	Column A, Line 3 above	150,000.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	-0-
15. Cash Payments .....	Column A, Line 8 above	250,018.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 54,924.14

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 1, Column (b)	\$ -0-
------------------------------------	--------------------------------	--------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ -0-
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above	\$ 11,457.30

\*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

20. Contributions Received .....	1/1 through 6/30	7/1 to Date
21. Expenditures Made .....		

## Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>10.22.00</u> through <u>11.25.00</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER		Page <u>4</u> of <u>9</u>		I.D. NUMBER <b>990831</b>	
Committee on Jobs Candidate Advocacy Fund					

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10.27	AT&T 795 Folsom St San Francisco CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		15,000	15,000	
10.27	McKesson One Post St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		5,000	5,000	
10.30	Charles Schwab 101 Montgomery St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		50,000	50,000	
11.06	Catholic Healthcare West 1700 Montgomery St San Francisco CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		5,000	5,000	
11.07	SKS/FBOP Associates, LLC 111 Sutter St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	10,000	
SUBTOTAL \$				85,000		

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 150,000
- Amount received this period - unitemized contributions of less than \$100 ..... \$ -0-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 150,000

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

# **Schedule A (Continuation Sheet)** **Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <b>10.22.00</b> through <b>11.25.00</b>		<b>CALIFORNIA FORM 460</b>
Page <b>5</b> of <b>9</b>		

NAME OF FILER Committee on Jobs Candidate Advocacy Fund					I.D. NUMBER 990831	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11.07	Gensler 600 California St San Francisco CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		5,000	5,000	
11.07	501 Second St LLC 501 Second St Suite 360 San Francisco CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	10,000	
11.20	DDF Y2K Family Trust 1 Maritime Plaza Suite 1400 San Francisco CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Don Fisher, Chair- man, Gap, Inc. Doris Fisher, Merch. Consultant Gap Inc.	50,000	120,000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$ 65,000						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D

Statement covers period  
 from 10.22.00  
 through 11.25.00

Page 6 of 9

**CALIFORNIA 460**  
**FORM**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

**Committee on Jobs Candidate Advocacy Fund**

I.D. NUMBER  
**990831**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
10.25	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		90,000	Calendar Year \$387,500 Other \$
10.26	Willie Brown Leadership Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Stop payment of 09.26.00 check	- 25,000	Calendar Year \$ 30,000 Other \$
11.06	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		160,000	Calendar Year \$547,500 Other \$
SUBTOTAL \$ 225,000					

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 250,000
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 250,000

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>10.22.00</u> through <u>11.25.00</u>		<b>CALIFORNIA 460</b> <b>FORM</b>
Page <u>7</u> of <u>9</u>		

NAME OF FILER		I.D. NUMBER			
Committee on Jobs Candidate Advocacy Fund		990831			
DATE	MEASURE AND OFFICE, CANDIDATE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
11.07	San Franciscans for Sensible Government Political Action Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		25,000	Calendar Year \$72,500 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$                      Other \$                      \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$                      Other \$                      \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$                      Other \$                      \$
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$                      Other \$                      \$
<b>SUBTOTAL \$</b>				<b>25,000</b>	



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>10.22.00</u> through <u>11.25.00</u>		CALIFORNIA <b>460</b> FORM	
Page <u>8</u> of <u>9</u>		ID. NUMBER <u>990831</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee on Jobs Candidate Advocacy Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TFS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Franciscans for Sensible Government Political Action Committee ID#983233 One Post St Suite 3300 San Francisco CA 94104	CTB		90,000 25,000 160,000
Willie Brown Leadership Political Action Committee ID# 992133	RFD	Check cancelled	-25,000

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 250,000

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 250,000
2. Unitemized payments made this period of under \$100 ..... \$ 18
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 250,018

# **Schedule F** **Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10.22.00</u> through <u>11.25.00</u>		CALIFORNIA FORM <b>460</b>	
		Page <u>9</u> of <u>9</u>	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <b>990831</b>	

## **Committee on Jobs Candidate Advocacy Fund**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Committee on Jobs 235 Montgomery St Suite 1018 San Francisco CA 94104	salaries for accounting and general services	4,051.00	433.00	-0-	4,484.00
Pillsbury Madison & Sutro LLP 50 Fremont St 6th Flr San Francisco CA 94105	PRO	4,655.20	2,318.00	-0-	6,973.30
<b>SUBTOTALS \$ 8,706.20 \$ 2,751.10 \$ -0-</b>					<b>\$ 11,457.30</b>

## **Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 2,751.10**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ -0-**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 2,751.10**  
May be a negative number

**ORIGINAL**

**Recipient Committee  
Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp **FILE CALIFORNIA FORM 460**  
**01 JAN 31 PM 4:47**  
 Page **1** of **9**  
**SAN FRANCISCO ETHICS COMMISSION**

Date of election if applicable:  
(Month, Day, Year)

Statement covers period  
from **11.26.00**  
through **12.31.00**

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- ☐ Officeholder, Candidate Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
- ☐ Controlled
- ☐ Sponsored
- (Also Complete Part 5.)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 6.)
- ☒ General Purpose Committee
- ☒ Sponsored
- ☐ Broad Based

**2. Type of Statement:**

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME

I.D. NUMBER  
**990831**

Committee on Jobs Candidate Advocacy Fund

**Treasurer(s)**

NAME OF TREASURER

Nathan Nayman

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

**235 Montgomery St Suite 1018**  
CITY STATE ZIP CODE AREA CODE/PHONE

**San Francisco CA 94104 415.956.9966**  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

nnayman@sfjobs.org

OPTIONAL: FAX / E-MAIL ADDRESS

415.956.9989



COVER PAGE - PART 2

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

<b>CALIFORNIA</b> <b>FORM 460</b>	Page <u>2</u> of <u>9</u>

## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 5. Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

## 6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

## 7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01.31.01  
DATEExecuted on 01.31.01  
DATEExecuted on \_\_\_\_\_  
DATEExecuted on \_\_\_\_\_  
DATE

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>3</u> of <u>9</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <u>990831</u>

## Committee on Jobs Candidate Advocacy Fund

### Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ 75,000.00	\$ 710,000.00	\$ 785,000.00
2. Loans Received ..... Schedule B, Line 7	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 75,000.00	\$ 710,000.00	\$ 785,000.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	-0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 75,000.00	\$ 710,000.00	\$ 785,000.00

### Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 128,530.54	\$ 684,971.30	\$ 813,501.84
7. Loans Made ..... Schedule H, Line 7	-0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 128,530.54	\$ 684,971.30	\$ 813,501.84
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	(11,307.30)	11,457.30	150.00
10. Nonmonetary Adjustment ..... Schedule G, Line 3	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 117,223.24	\$ 696,428.60	\$ 813,651.84

### Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 54,924.14		
13. Cash Receipts ..... Column A, Line 3 above	75,000.00		
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	-0-		
15. Cash Payments ..... Column A, Line 8 above	128,530.54		
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,393.60		

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

### Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ N/A	N/A
21. Expenditures Made	\$	\$
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ -0-	

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ -0-
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 150.00



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER <b>Committee on Jobs Candidate Advocacy Fund</b>		Page <u>4</u> of <u>9</u>		I.D. NUMBER <b>990831</b>	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11.27	Gap Inc. One Harrison St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	60,000	
11.27	The following nine contributions made by affiliated entities through intermediary Shorenstein Realty Services L.P. 555 California St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH				
11.27	Russ Building 235 Montgomery St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		5,000	85,000*	
11.27	50 California Street Partners 50 California St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	123 Mission Street 123 Mission St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
SUBTOTAL \$				17,500		

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 75,000

2. Amount received this period - unitemized contributions of less than \$100 ..... \$ -0-

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 75,000

\* Aggregated amount by all affiliated entities

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

# **Schedule A (Continuation Sheet)** **Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>9</u>		
I.D. NUMBER <u>990831</u>		

NAME OF FILER Committee on Jobs Candidate Advocacy Fund						
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11.27	45 Fremont Street Associates 45 Fremont St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	Bank of America Headquarters 555 California St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	Hills Plaza 345 Spear St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	One Metropolitan Plaza 425 Market St San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	333 Market Street Associates 333 Market St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
11.27	One California Street Partners 555 California St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,250	85,000*	
<b>SUBTOTAL \$ 7,500</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

\*Aggregated amount by all affiliated entities

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		CALIFORNIA FORM <b>460</b>
Page <u>6</u> of <u>9</u>		I.D. NUMBER <b>990831</b>

NAME OF FILER

## Committee on Jobs Candidate Advocacy Fund

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11.30	Arthur Andersen, LLP 101 Second St Suite 1100 San Francisco CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	25,000	
12.07	Charles Schwab 101 Montgomery St San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	60,000	
12.12	Pillsbury Madison & Sutro LLP PO Box 7880 San Francisco CA 94120-7880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		5,000	10,000	
12.13	AT&T 795 Folsom St San Francisco CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		10,000	25,000	
12.13	Chevron Corporation PO Box 9034 Concord CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		15,000	65,000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$ 50,000						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

**Schedule D****Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		<b>CALIFORNIA 460 FORM</b>
		Page <u>7</u> of <u>9</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <u>990831</u>

**Committee on Jobs Candidate Advocacy Fund**

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
12.01	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		60,000.00	Calendar Year <u>\$632500.00</u> Other \$
12.13	San Franciscans for Sensible Government Political Action Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		52,083.34	Calendar Year <u>\$684583.34</u> Other \$
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ Other \$
SUBTOTAL				\$112,083.34	

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 112,083.34
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 112,083.34

**Schedule E****Payments Made**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>9</u>	
ID. NUMBER <b>990831</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**Committee on Jobs Candidate Advocacy Fund****CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Franciscans for Sensible Government Political Action Committee ID#983233 One Post St Suite 3300 San Francisco CA 94104	CTB		60000.00 52083.34
Committee on Jobs 235 Montgomery St Suite 1018 San Francisco CA 94104	PRO		4484.00
Pillsbury Madison & Sutro LLP 50 Fremont St 6th Floor San Francisco CA 94105	PRO		6973.30 4989.90
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 28530.54</b>

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 128530.54
2. Unitemized payments made this period of under \$100 ..... \$ -0-
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 128530.54**



**Schedule F****Accrued Expenses (Unpaid Bills)**Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>11.26.00</u> through <u>12.31.00</u>		<b>CALIFORNIA 460 FORM</b>
		Page <u>9</u> of <u>9</u>
		I.D. NUMBER <b>990831</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee on Jobs Candidate Advocacy Fund

**CODES:** if one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Committee on Jobs 235 Montgomery St Suite 1018 San Francisco CA 94104	salaries for accounting and general services	4,484.00	150.00	4,484.00	150.00
Pillsbury Madison & Sutro LLP 50 Fremont St 6th Floor San Francisco CA 94104	PRO	6,973.30	4,989.90	11,963.20	-0-
<b>SUBTOTALS \$ 11,457.30 \$ 5,139.90 \$16,447.20 \$ 150.00</b>					

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 5,139.90**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 16,447.20**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 11307.30**

May be a negative number